

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013324

STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1788

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen. Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>486 Wallace</u>	
3. NAME OF DECEASED (Type or print) First <u>NELLIE</u> Middle <u>M.</u> Last <u>HARE</u>		4. DATE OF DEATH Month <u>4</u> Day <u>6</u> Year <u>59</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 1 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bandery Worker</u>		11. BIRTHPLACE (City and state or country) <u>Topeka Kansas</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Printing</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>"Unknown" Hare</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XXXX</u>		17. INFORMANT Address <u>K.C. Mo, 486 Wallace</u>	
16. SOCIAL SECURITY NO. <u>495 079556</u>		14. NAME OF HUSBAND OR WIFE <u>Geo. W. Hare</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac decompensation</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4344</u>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>4-3-59</u> to <u>4-6-59</u> and last saw her alive on <u>4-6-59</u> Death occurred at <u>7:45 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Abraham Gelpin</u>	
22b. ADDRESS <u>Gen. Hospital</u>		22c. DATE SIGNED <u>4-7-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-8-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>		23d. LOCATION (City, town, or country) (State) <u>Kansas City Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Floral Hills Memorial Chapel Inc</u>		25. DATE RECD. BY LOCAL REG. <u>4-8-59</u>	
		26. REGISTRAR'S SIGNATURE <u>Neve Minishall</u>	

(Licensed Embalmer's Statement on Reverse Side)

Abraham Gelpin M.D. D. BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Use only standard nomenclature in Part 18. No symptoms will be listed. All diseases in Part I must be causally related.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *James D. Goldenow*

Licensed Embalmer No. *4714*
P. O. Address *K. C. New*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.